

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

APR 5 1928

1. PLACE OF DEATH
 County Jackson Registration District No. 404 File No. 9357
 Township Washington Primary Registration District No. 397 Registered No. 12
 City Bickman Mills Mo St. Mo Ward

2. FULL NAME Mrs Edith May Bannister
 (a) Residence. No. Bickman Mills St. Mo Ward.
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF J. J. Bannister

6. DATE OF BIRTH (MONTH DAY AND YEAR) April 25-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
58 | 5 | 10 | 9

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ohio
 (STATE OR COUNTRY)

10. NAME OF FATHER C. L. Nevins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nancy Stewart

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY)

14. INFORMANT Ed. C. D. Brown
 (Address) 5235 Rockhill Road.

15. FILED 815-1928 Ob. Registrar REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 4 1928

17. I HEREBY CERTIFY That I attended deceased from Sept 27 to March 4, 1928, to , 19, that I last saw h. or alive on 3 4, 1928, and that death occurred, on the date stated above, at 8:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hyperplastic thyroid
6 1/2 A
9357

(duration) ____ yrs. ____ mos. ____ da.

CONTRIBUTORY Myocardial Insufficiency
 (SECONDARY)
 (duration) ____ yrs. ____ mos. ____ da.

18. WHERE WAS DISEASE CONTRACTED 601 B
 (IF NOT AT PLACE OF DEATH)

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS 666 Anomol
 (Signed) _____, M. D.
 , 19 (Address) Argy Liberty

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Forest Hill DATE OF BURIAL March 6 1928

20. UNDERTAKER D. W. Newcome's Sons ADDRESS R. C. Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1002 Argyle
via 2444.
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